



COUNTY OF SAN DIEGO
DEPARTMENT OF PLANNING AND LAND USE: Zoning
DISCRETIONARY PROJECT APPLICATION
DETERMINATION OF PUBLIC CONVENIENCE OR NECESSITY

FOR DEPARTMENT USE ONLY

Case Numbers	DPLU	DPW	Health	Other
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D
_____	_____ F/D	_____ F/D	_____ F/D	_____ F/D
ENV.# _____ - _____	_____ F/D			
W/N# _____	_____ DPLU Deposit			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: right;">TOTALS</div><div style="text-align: center;">+ _____</div><div style="text-align: center;">+ _____</div><div style="text-align: center;">+ _____ =</div><div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 10px;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div></div><div style="text-align: center;">DPLU</div><div style="text-align: center;">DPW</div><div style="text-align: center;">Health & Others</div><div style="text-align: center;">TOTAL</div></div>				

CASE NUMBER _____

OWNER'S NAME _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

APPLICANT'S NAME: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

PREMISE ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____



DPLU-655 (12/09)

PLEASE COMPLETE THE FOLLOWING:

1. Premise Assessor's Parcel Number _____
2. Premise Census Tract _____
3. ABC License Type _____
4. Type of Business (bar, mini-mart, gas station, etc.) _____

5. Describer uses/activities that will be included as part of the business.
6. New or existing business? _____
If in an existing building an exterior photo.
7. Previous ABC licenses at this address?
8. Have you had previous licenses at other sites? _____ Where?
9. Number of other retail outlets (stores, bars, restaurants, etc.) selling alcohol within a 1,000 foot radius of proposed site?
10. Location of nearest dwelling units within 1,000 feet.
11. Location and names of schools within 1,000 feet.
12. Location and names of playgrounds, youth facilities or day care facilities within 1,000 feet.

APPLICANT'S STATEMENT

Attach a statement or explain below why Public Convenience or Necessity would be served by the issuance of this proposed alcoholic beverage license.

Signature or Owner or Authorized Agent (*Attach a letter of authorization for any agent*):

Date

FOR DEPARTMENT USE ONLY

Thomas Bros. Map Page No.: _____ Community Plan Area: _____

Planning Sponsor Group: _____ Supervisor District: _____

Use Regulations at the site:

Is the proposed use permitted by the Use Regulations applying to the site?

Unresolved Health or Building Code violations of record at the site?

Technician's Comments:

Reviewed by: _____ Date: _____